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APPLICANTS

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** CONTINUING DATA *N/A*** FOREIGN APPLICATIONS *N/A*

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** 03/14/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>D</i>	Examiner's Signature	<i>Initials</i>	NETHERLANDS	10	25	3

ADDRESS

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TITLE

Method and apparatus for correction of mammograms for non-uniform breast thickness

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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